MHCC 19-003 Quality Measures To Support Maryland Healthcare Performance

On November 26, 2018, the Maryland Health Care Commission (MHCC) released a Request for Proposal MHCC 19-003 entitled, *Quality Measures To Support Maryland Healthcare Performance.* The MHCC is making available the final questions and answers that pertain to this RFP.

1. **Question**: Can this site be run on a Linux server or Windows server?

   Answer: This site can be run on a Linux server or Windows server.

2. **Question:** The Maryland Consumer Guide to Long Term Care website appears to be built and managed using a Content Management System tool. It is different code than the MONAHRQ based Maryland Health Care Quality Reports website. Is there a CMS for the long term care website, and what is its name and source? Does this website require an integrated database to process any portions of the website functionality, such as searches?

   Answer: There is no licensed Content Management System tool used for the Long Term Care (LTC) Guide. The "front end" of the LTC guide was developed in-house by MHCC IT staff using Visual Studio. The main web pages (e.g., Homepage, Living At Home, Resources and other topic specific landing pages) are .aspx webpages. The "back end" data comes from a variety of sources including file downloads from CMS and other in-house survey results. These data are primarily in Excel format and uploaded using SQL Server and accessed through the Services Search function.

   A description of data sources used to support the Long Term Care Guide can be found here: https://healthcarequality.mhcc.maryland.gov/Article/View/88d95cee-d146-4437-a299-7f02b9e80b0f

   In addition to the data sources listed on the above link, the Long Term Care Guide also includes the following state data:

   - MHCC Long Term Care survey data (Nursing Home, Assisted Living, Adult Day Care)
   - MHCC Hospice survey data
   - MHCC Home Health survey data
   - Office of Health Care Quality Assisted Living Deficiency data
   - MDOH Long Term Care Medicaid Staffing Data

3. **Question:** The Maryland Ambulatory Surgery Facility Consumer Guide website appears to be built and managed using a Content Management System tool. It is different code than the

MONAHRQ based Maryland Health Care Quality Reports website. Is there a CMS for the long term care website, and what is its name and source? Does this website require an integrated database to process any portions of the website functionality, such as searches?

Answer: There is no licensed Content Management System tool used for the Ambulatory Surgery Facility Guide. The website uses a SQL Server database hosted on a separate server to access and display source data on the website. The current website does not require an integrated database, but we will consider alternative approaches to improve efficiency and enhance website functionality.

The primary data source for the information contained in the ASF Guide is the MHCC annual survey of ambulatory surgery providers. Other data sources include the Maryland Health Services Cost Review Commission (HSCRC) Hospital Outpatient data file and the MHCC Freestanding Ambulatory Surgery Data Base.

4. **Question**: Is it acceptable for any of these sites to be run on an Amazon AWS server? If not, can they be run on a server managed by a third-party webhost, or must they be run on an in-house FHC server?

   Answer: Yes, the sites may be run on an Amazon AWS server. Yes, the sites may be run on a server managed by a third-party webhost.

5. **Question:** What tools and programming languages are used to generate and run the data submission portal website? What type of web server is required to host this site?

   Answer: The MHCC uses VB.NET development platform and Microsoft Visual Studio. A Microsoft Windows web server environment is used with SQL Server database

6. **Question:** What tools and database are used to run the Data Management System for NCDR Cardiac Services Data?

   Answer: The NCDR data is submitted through the MHCC QMDC web portal that is accessed through the Provider Login tab located on the lower right hand corner of the Quality Reports Homepage. Twenty-eight hospitals submit data through the portal on a quarterly basis. The programs and/or software currently used to support this function will be transferred to the successful contractor following award of the contract. Please refer to the NCDR website for the technical specifications associated with the NCDR CathPCI Data Registry. The new contractor shall be responsible for maintaining the portal to ensure that changes/updates to the NCDR technical specifications will be accommodated**.**

7. **Question:** The disaster recovery requirements (page 28) specify that there be two separate web servers separated by a minimum of 100 miles. This can be accomplished with separate AWS data centers or a third-party webhost with multiple data centers. FHC has only one facility. How could this duplication of web servers be accomplished without using an external webhost vendor?

Answer: Please refer to Amendment 2, this requirement has been removed.

8. **Question:** Here is a complete list of all websites and software systems described in the RFP:
   - Maryland Health Care Quality Reports website
   - Maryland Consumer Guide to Long Term Care website
   - Maryland Ambulatory Surgery Facility Consumer Guide website
   - Data Management System for NCDR Cardiac Services Data (same as Data Submission Portal)

   Is this truly a complete list, or are there any other software components not described in the RFP? Will we receive copies of all source code, MONARQ templates, and databases used by all these components? How soon after contract start can we expect to receive them?

   Answer: Yes, this is the complete list. All programs and/or software currently used will be transferred to the successful contractor following award of the contract within the first 60 days of contract commencement.

9. **Question:** Page 11 of the RFP begins to use the phrase "the application." This phrase was not used previously. Exactly what is meant by "the application"? Is it one of the software system described in the previous question? Is it a generic term to mean the collection of all of these components? Is it something else not described in earlier pages?

   Answer: It is generic boilerplate language in reference to all website components.

10. **Question:** Page 15 requires 24/7/365 technical support. Is this required to be telephone support or is email support acceptable? What is the required response time to each request?

    Answer: Email support is acceptable, and responses shall be given within 24 hours.

11. **Question:** Page 63 (4.32) specifies that a HIPAA BAA is not required for this project. Page 87 also states that a HIPAA BAA is not required. Page 72 specifies that a BAA is required with the proposal or within 5 days after award. These two sets of requirements seem contradictory.

    Answer: The HIPAA BAA is not required. Table 1: RFP Attachments and Appendices states the HIPAA BAA does not apply in the first column.

12. **Question:** For purposes of developing a project plan, what is the estimated award date and contract start date?

    Answer: The estimated start date is May 1, 2019.

13. **Question:** Please clarify if one MBE may fulfill more than one goal if it meets more than one classification.

Answer: An MBE that is certified in more than one subgroup category may only be counted toward goal fulfillment of ONE of those categories, as stated in Attachment D – Minority Business Enterprise (MBE) Forms

14. **Question:** Based on information obtained from the bidder's conference, it was unclear if AHIMA certification would still be required for inpatient, outpatient, and cardiac data sets. Please clarify/confirm. If certification is required, are coding certifications from other organizations such as AAPC acceptable?

    Answer: AHIMA certified personnel are still required for auditing the coding of inpatient, outpatient, and cardiac clinical data. Alternative clinical certifications or training may be used for non-coding clinical data audits and data quality reviews. The Offeror may propose additional personnel with relevant clinical certifications and expertise.

15. **Question:** Please clarify if the HAI patient record reviews and validations will also be conducted off-site, at the contractor's offices.

    Answer: Yes. The HAI patient record reviews and validations will be conducted off-site at the contractor's offices.

16. **Question:** Please provide additional detail on what this might entail.

    In year two of this contract, MHCC may expand upon this section of the Quality Reports website, to include features designed to engage and inform providers (e.g., hospitals, nursing homes, physicians) in quality improvement activities.

    Answer: The current Quality Reports website includes a section designed for Provider use. This section can be accessed by clicking on the Provider Login tab in the lower right hand corner of the Quality Reports homepage. By clicking on the Provider Login tab, hospitals, health plans, and long term care facilities can view information on resources and requirements.

17. **Question:** 2.3.4 Long-Term Care Guide - For all the data management tasks (A-K) that are required to be done within 60 days of the start of the contract, are we supposed to make all those updates directly within the MHCC environment? Since the transition from MHCC's server to our environment will not be completed within the first 60 days, please clarify how we should plan to complete this work?

    Answer: Over the first 60 days, the successful contractor shall work with the incumbent contractor to transfer all relevant data files, programs and software to the new contractor's environment on their server(s).

18. **Question:** The RFP references the collection of NCDR data in the description of existing data and existing reporting. But this is not discussed in the Responsibilities and Tasks, nor is it included in the Financial Spreadsheets as work to be priced. Please clarify if this scope of

work includes maintaining the NCDR data management, and if so, what the requirements for that work are and how we're supposed to include the costs for it?

Answer: The NCDR data is submitted through the MHCC QMDC web portal that is accessed through the Provider Login tab located on the lower right hand corner of the Quality Reports Homepage. Twenty-eight hospitals submit data through the portal on a quarterly basis. The programs and/or software currently used to support this function will be transferred to the successful contractor following award of the contract. Please refer to the NCDR website for the technical specifications associated with the NCDR CathPCI Data Registry. The new contractor shall be responsible for maintaining the portal to ensure that changes/updates to the NCDR technical specifications will be accommodated.

19. **Question:** The background talks about the secure portal, but the portal is not described in the current environment or existing hardware/software. Also, it isn't referenced in the Responsibilities and Tasks or included in the Financial Proposal Spreadsheets. Please clarify if maintenance of the secure portal is included in this scope of work?

    Answer: Maintenance of the secure portal is included in the scope of work. The portal is primarily used for the submission of NCDR CathPCI Registry data.

20. **Question:** 2.3.8 Data Validation and Medical Record Review - One audit shall be performed each year. At the request of the Contract Monitor, a second data audit may be required to respond to specific data quality concerns.

    How should we price the possibility of a second audit? Should we include cost estimates for two audits or one audit?

    Answer: Offerors should provide cost estimates for two audits per year.

21. **Question:** 2.3.8 Data Validation and Medical Record Review - Generally, the audits will be conducted at the Contractor's offices. However, on-site (i.e., provider site) chart review may be required to assess internal processes for ensuring data quality.

    For purposes of the Work Plan and the Financial Proposal, should we plan to conduct on-site reviews, or should we plan on them being conducted in our office?

    Answer: For the purposes of the Work Plan, Offerors should plan to conduct the reviews at the contractor's offices.

22. **Question:** In the Contract Commencement section, the deliverables specify Business Days. Can you clarify if the "within 60 days" for this transition is Calendar Days or Business days?

    Answer: The 60 day period refers to calendar days.

23. **Question:** Would it be acceptable to have two CDs or two flash drives submitted for the Technical Proposal – one CD/flash drive with the word and pdf files of the full technical

proposal, and one CD/flash drive with the redacted Technical Proposal? Same question for the Financial Proposal – one CD/flash drive with a PDF of the full Financial Proposal, and one CD/flash drive with the redacted Financial Proposal?

Answer: Yes, it is acceptable to submit one CD/flash drive with the word and pdf files of the full Technical Proposal, and one CD/flash drive with the redacted Technical Proposal.

Yes, it is acceptable to submit one CD/flash drive with the word and pdf files of the full Financial Proposal, and one CD/flash drive with the redacted Financial Proposal.

24. **Question:** 2.3.8 Data Validation and Medical Record Review - Of the 700 medical records identified for review, approximately 300 will be HAI records. Different types of HAI reviews require different levels of effort to review. To properly estimate the number of hours needed for HAI reviews, can you please confirm the types of HAI's that will be validated (for example: MRSA/CDI, CAUTI/CLABSI, SSI-HYST, SSI-COLO) and an estimated quantity of each?

    Answer: We are not able to predict with certainty, the number of cases for each type of HAI. Our HAI data review audits will be driven, in part, by data quality concerns that may arise over the life of the contract. Further, the HAI data validation process may include a blend of chart review and use of alternative data sources (i.e., hospital administrative and billing data) to identify data accuracy and completeness issues, and to target hospitals for focused review, education and consultation. In addition, we may focus on one or two HAI categories per year. MHCC will work with the contractor in designing the scope, methodology, and focus of each HAI audit. For bidding purposes, you can estimate costs based on the following allocation of HAI types:

    CLABSI, CAUTI, SSI– 80%
    CDI/MRSA – 20%

25. **Question:** The Cover Page shows the RFP title as "Quality Measures To Support Maryland Healthcare Performance." The Key Information Summary Sheet on page iii shows the RFP title as "Services - Quality Measures To Support Maryland Healthcare Performance." Page headers throughout the RFP show as "Quality Measures Data Center." Please advise as to which RFP title is correct for purposes of naming the title correctly in Technical Approach Tab A.

    Answer: The title is "Quality Measures to Support Maryland Healthcare Performance." Services is the procurement category.

26. **Question:** 2.3.6.B Physician Data - This section is missing words and appears unfinished. Will the Government provide language to complete this section?

    Answer: Please refer to Amendment 1.

27. **Question:** Will the State confirm they are open to the Offeror proposing an alternative to MONAHRQ since AHRQ discontinued the provision of technical support and updates for this tool?

    Answer: Yes, we are open to Offerors proposing an alternative solution to MONAHRQ.

28. **Question:** Specifically for transition-in, 2.2.1 states the QMDC is hosted on contractor servers, 2.2.2 states portions of the QMDC are hosted on MHCC servers. Will the State please provide a detailed description of all servers and software to be transitioned-in to a new contractor for hosting at a contractor site? Will the Offeror be responsible for hosting the Long-Term Care Guide and the Ambulatory Surgery Center Guide at contract commencement?

    Answer: The Quality Measures Data Center (QMDC) is the data repository hosted and maintained by the Contractor and currently houses quality measures data for hospitals (e.g., HCAHPS and clinical measures data) and Health Plans (e.g., CAHPS, HEDIS and Provider Network data) to support the functionality of the Hospital Guide and Health Plan Guide sections of the Maryland Health Care Quality Reports (Quality Reports) website. The Physician Information section of the website includes links to other state and federal sources of data. The Quality Reports website is currently hosted and maintained by the Contractor. After commencement of the impending contract these functions should be transferred to the Contractor and fully functional within sixty (60) days, as stated in Section 3.1.A.

    The Long-Term Care (LTC) Guide and Ambulatory Surgery Facility (ASF) Consumer Guide sections of the website, along with the supporting data, are hosted and maintained by MHCC currently. The "front end" of the consumer guides were developed by the MHCC IT staff using Visual Studio. The main web page contents are .aspx web pages. The "back end" data is uploaded using SQL Server.

    Refer to Section 2.3.4.N which states “Transition the LTC Guide from MHCC’s server to the Contractor's server and be fully functional within six (6) months after contract commencement.”

    Refer to Section 2.3.5.A which states “Transition the Ambulatory Surgery Facility Guide from the MHCC’s server to the Contractor's server and be fully functional within six (6) months after contract commencement.”

29. **Question:** Section 3.10.2; Personnel Experience - Required Documentation: As proof of meeting this requirement, the Offeror shall provide with its Proposal staff resumes and three or more references that collectively attest to the Offeror’s required years of experience with CMS hospital IQR, OQR, and VBP measures.

    Are the three or more required references for the named staff or the Offeror?

    Answer: This section states requirements for proposed personnel only

30. **Question:** Please confirm that letters of commitment are only required for designated key personnel.

    Answer: Yes, letters of commitment are only required from proposed key personnel.

31. **Question:** The RFP states in this section "The Offeror shall address each RFP requirement (RFP Section 2 and Section 3)…"
    Much of the information in Section 2 is background/informational. Since 2.1and 2.2 are informational, does the state desire for offerors to acknowledge this background / informational content or should offerors begin their responses with Section 2.3 to respond to the Technical Requirements?

    Answer: Yes, respond to Section 2.3.

32. **Question:** Section 3 of the RFP contains Contractor requirements. Does the State desire that offerors respond to all of Section 3 as stated in Section 5.3.2.F.1of the RFP?

    Answer: Yes, respond to all of Section 3 as stated.

33. **Question:** What are the existing back-end content management system for these websites:

    a. http://mhcc.maryland.gov/consumerinfo/longtermcare/Default.aspx
    b. http://mhcc.maryland.gov/consumerinfo/amsurg/index.aspx
    c. https://healthcarequality.mhcc.maryland.gov/

    Answer: A and B can be found in Section 2.2.2 Existing Hardware of the RFP. C is hosted and maintained by the incumbent, so we expect Offerors to propose content management systems.

34. **Question:** Does the project require updating the existing websites while the new sites are being developed, or would MHCC consider placing the updates on hold during the development of the new sites?

    Answer: Yes, both shall take place simultaneously. No, the MHCC will not allow a delay in updating existing sites.

35. **Question:** Who are the incumbents currently performing the work?

    Answer: Advanta Government Services

36. **Question:** How does Wear the Cost need to be integrated into the website, if at all? Is there a separate contract to update this website?

    Answer: The Wear the Cost site is a separate initiative and does not fall within the Scope of Work of this contract.

37. **Question:** Please confirm that the existing hardware and software, referenced in sections 2.2.2 and 2.2.3, are not requirements.

    Answer: Section 2.2.2 is not a requirement, and Section 2.2.3 is required, but the Offeror may propose alternate solutions for all existing hardware and software including the MONAHRQ.

38. **Question:** What level of ADA compliance is required for the websites?

    Answer: State requirements are stated here: Website Compliance Checklist

39. **Question:** We have not found guidelines to sampling in the RFP. If the contractor is responsible for sampling, is the sampling methodology random or targeted? If targeted, what is the selection criteria?

    Answer: Section 2.3.8, Data Validation and Medical Record Review, of the RFP, describes the data quality review and auditing services required under this procurement. The MHCC will work closely with the contractor to identify and prioritize data validation activities. However, MHCC will rely on the knowledge and expertise of the contractor to recommend and implement sampling methodologies (including selection criteria) most appropriate to the scope and focus of each audit and/or data quality review task performed under this procurement.

40. **Question:** We understand that the MONARCH is no longer supported by CMS (since 2017). Is the MHCC willing to entertain innovation to create a new tool to support the Health Care Guides?

    Answer: Yes, the MHCC is willing to consider other cost-effective approaches and tools to support the Health Care Guides.

41. **Question: 2.2.1 Current Environment**: Please confirm that the new contractor will be responsible for the Long Term Care site and Ambulatory Surgery Facility Consumer Guide will be under the SOW for this contract.

    Answer: Yes, the contract resulting from this procurement will include the Long Term Care Guide and Ambulatory Surgery Guide.

42. **Question: 2.2.4.C (page 5) Existing Data/ Content Management**: Please confirm that the Long Term Care Guide statement "assesses various performance measures through federal and state sources" is not part of the SOW.

    Answer: Downloading quality and performance measures data for the Long Term Care Guide is part of the SOW.

43. **Question: Section 2.2.6.C (page 5) Existing Reporting:** Please confirm that the statement "the results are downloaded by MHCC staff and posted by the MHCC web developer" refers to MHCC personnel and not the contractor.

    Answer: Under the current process for maintaining the Long Term Care Guide (LTC), MHCC staff perform all functions associated with the LTG Guide. Under this procurement, both the LTC and Ambulatory Surgery Guide will be maintained by the contractor.

44. **Question: Section 2.2.6.D (page 5) Existing Reporting:** Please confirm that the statement "An MHCC contractor administers the survey, calculates the results and generates the data files" is not the contractor for this SOW.

    Answer: The Nursing Home Family Experience of Care Survey is administered under a separate contract.

45. **Question: Section 2.2.6.D (page 5) Existing Reporting:** Please confirm that the new contractor is not responsible to "post on the Long Term Guide," but rather the MHCC staff does.

    Answer: Under this procurement, the contractor is responsible for posting the LTC Guide. MHCC staff has historically performed this function and will continue to do so until the transition to the new contractor.

46. **Question: 2.2.6.E (page 5) Existing Reporting:** Please confirm that the "Employee Influenza Vaccination Rate" tasks (administer the survey, calculate the rates and post) are not tasks for the new contractor under this SOW.

    Answer: Administration of the employee flu survey is not a function of this contract. However, the results of the survey will be posted to the website by the new contractor under this SOW. MHCC staff will generate a data file of the survey results by provider. The contractor shall post the results on the Quality Reports website on an annual basis.

47. **Question: 2.2.7.A.1.c (page 5) Existing Reporting:** Please define "monitor federal and state data." How often is it required that the contractor monitor? Daily, Weekly or Monthly? How is this information disseminated - online or via reports? What tasks occur when there is an update?

    Answer: Generally speaking, federal regulations that are relevant to quality measurement and reporting are monitored annually for updates and revisions. These regulations cover all provider types (e.g., hospitals, nursing homes, hospice, home health, ambulatory surgery centers, etc.) for which the MHCC collects and reports performance data. Please see the RFP, Summary Statement, 2.1.2, page 2, for more information on existing reporting requirements.

48. **Question: 2.2.7.A.1.d (page 5) Existing Reporting:** Please define "monitor federal and state data." How often is it required that the contractor monitor? Daily, Weekly or Monthly?

How is this information disseminated - online or via reports? What tasks occur when there is an update?

Answer: See response to #8

49. **Question: 2.2.7.A.2.a (page 5) Existing Reporting:** Please provide specifics regarding "the contractor is expected to attend the focus group sessions." How often? Where are these group sessions located? Must the vendor be present in person?

    Answer: MHCC plans to sponsor six focus group sessions per year to support website enhancements. The contractor is expected to attend the sessions in person.

50. **Question: 2.2.7.A.3.a (page 5) Existing Reporting:** Is the contractor used for the annual "family experience of care in nursing home survey" outside the scope of this work? If so, how does the QMDC contractor interact with that contractor? How often? Who posts the data on the Consumer Guide to Long Term Care? The QMDC contractor or the other?

    Answer: Administration of the Nursing Home Experience of Care Survey is not a function of this contract. However, the results of the survey will be posted to the website by the new contractor under this SOW. MHCC staff will generate a data file of the survey results by provider. The contractor shall post the results on LTC Guide section of the Quality Reports website on an annual basis.

51. **Question: 2.2.7.A.3.b (page 5) Existing Reporting:** Who posts the HEDIS and CAHPS data on the Health Plan section of the Quality Reports website?

    Answer: Through a process similar to the Nursing Home Experience of Care Survey initiative, the contractor, under this SOW, will post HEDIS and CAHPS data on the Health Plan Guide section of Quality Reports.

52. **Question: 2.3.10.D.1 (page 13) Ad-Hoc Work Order Requirements:** Where are the Monthly MHCC meetings located? How long are they (1 hour, 4 hours)? Must the QMDC contractor attend in person or may they attend virtually?

    Answer: The MHCC monthly meetings are located at the MHCC offices in Baltimore City and usually last about 3-4 hours. The contractor is only required to attend during meetings at which the Quality Reports website is on the agenda (no more than 6 times per year).

53. **Question: 2.3.10.D.2 (page 13) Ad-Hoc Work Order Requirements:** How often are the ad hoc meetings? Where are they located? How long are they (1 hour, 4 hours)? Must the QMDC contractor attend in person or may they attend virtually?

    Answer: Ad-hoc meetings may be required to discuss specific issues that arise over the life of the contract and may be attended virtually or in person.

54. **Question: 2.3.10.D.3 (page 13) Ad-Hoc Work Order Requirements:** Where are the MHCC sponsored consumer-focused group meetings? How long are they (1 hour, 4 hours)? Must the QMDC contractor attend in person or may they attend virtually?

    Answer: The location of the consumer focus group sessions has not been determined yet. Past sessions have been held in the Baltimore/Washington DC metropolitan area. Virtual attendance will be considered, but in-person attendance is preferred.

55. **Question: 2.5.1 Option A (page 22) Optional Features or Services, Future Work**: It states " the commission MAY transition responsibility for the ASF Survey." Please clarify what requirements are needed to ensure they QMDC contractor obtains responsibility for the Survey. Why MAY the commission NOT transfer the responsibility? If it is transferred, in what year is that anticipated?

    Answer: The ASF survey is currently administered by in-house staff. This provision creates an option to transition the function to the contractor in year two if staffing changes are encountered.

56. **Question: 2.5.2 Option B (page 22) Optional Features or Services, Future Work:** It states "the MHCC MAY expand upon this section of the Quality Reports website." Please clarify what requirements are needed to ensure the QMDC contractor obtains responsibility for the website. Why MAY the commission NOT transfer the responsibility? If it is transferred, in what year is that anticipated?

    Answer: Please visit the Quality Reports Homepage and access the provider section by clicking on the Provider Login tab in the lower right hand corner of the screen. The MHCC intends to enhance the information available to providers over time. The term ‘may’ is used to reflect some flexibility in terms of timeline for the expansion of this feature.

57. **Question: 3.10.1.A (page 37) Experience and Personnel:** Please confirm that "three or more references" may be a name, email and phone number from recent engagements.

    Answer: The Offeror is responsible for submitting sufficient information to evaluate past performance. Three references are required and shall include name, email and phone number from recent engagements.

58. **Question: 3.10.1.B (page 37) Experience and Personnel:** Please confirm that "three or more references" may be a name, email and phone number from the past 5 years.

    Answer: The Offeror is responsible for submitting sufficient information to evaluate past performance. Three references are required and shall include name, email and phone number from recent engagements within the past 5 years.

59. **Question: 3.10.1.C (page 37) Experience and Personnel:** Please confirm that "three or more references" may be a name, email and phone number from the past 5 years.

Answer: The Offeror is responsible for submitting sufficient information to evaluate past performance. Three references are required and shall include name, email and phone number from recent engagements within the past 5 years.

60. **Question: 3.10.2.C (page 38) Personnel Experience:** Please confirm that since the MONAHRQ software has not been maintained since 2017, the qualifications for this position should be changed to "knowledge and understanding of the MONAHRQ software" without any year requirement.

    Answer: This requirement remains unchanged.

61. **Question: Key Information (page iii):** We would like to request a one week extension…given the timing of receiving pre-conference notes, various federal holidays, snow storms, timing of amendments, anticipated return of 1/16/18 questions, we feel the government will receive a higher quality response with additional time.

    Answer: An extension to February 15, 2019, has been granted. Refer to Amendment 5.

62. **Question: 2.3.1.A (page 6) Work Plan:** Please confirm that the Project Work plan would only need to be shown for the first 2 years. We understand that additional work will occur, but upon award, additional option year work plans will be provided. For the sake of evaluation purposes, 2 years should be sufficient.

    Answer: Current requirements remain unchanged.

63. **Question: 3.10.1 (page 37) Experience & Personnel; 5.3 (page 59) Volume Technical Proposal:** In section 1 it states there are no minimum qualifications…in section 3.10.1 doesn't delineate that prior experience needs to be from a state, but in 5.3 it calls out State, but it isn't clear to me that this is a minimum qualification. Can you confirm that the state will accept all government experience...both Federal and State for past performance?

    Answer: MHCC will accept both federal and state government experience.

64. **Question: 3.11 (page 39) Substitution of Personnel:** Are the AHIMA and CIC certified coders required personnel? Resumes are required for the proposal, but can we swap out AHIMA certified coders for other AHIMA certified coders during the proposal?

    Answer: AHIMA and CIC certified personnel are required for the audits. Over the course of the contract, resumes for certified personnel may be changed with approval from the contract monitor.

65. **Question: 2.3.8 (page 10) Data Validation and Medical Record Review**: What is the timeline for completing each audit? Certain number of days? Dates? Timeline?

    Answer: The timeline for audit completion is to be determined.

66. **Question:** Could MHCC clarify the request for 3 references for each of the 3 domains listed in the Offerors Experience (section 3.10.1) and 7 domains in the Personnel Experience (section 3.10.2)? In each section, there is reference to Evaluation Factors in section 6.2, however, there is no mention there of references as an evaluation factor. Are Offerors to provide 3 letters for each of these sections?

    Answer: Offerors are required to provide at least three references that can support the offeror's experience across all domains. Resumes for each proposed staff person shall also be provided. The three (or more) references shall collectively attest to the offerors overall relevant experience.

67. **Question:** What are the ways that the Quality Reports consumer website "utilizes the QMDC"? Is the NCDR CathPCI Registry data the only confidential data maintained through the QMDC?

    Answer: Yes. Currently, the QMDC portal is only used for submission of the NCDR CathPCI Registry data.

68. **Question:** The Q&A dated 1/11/2019 Question 10's response clarifies the 24/7/365 support requirement by stating that email support within 24 hours is acceptable. Section 3.8.3.F appears to require real-time support in off-business hours. Will you please clarify?

    Answer: it is expected that the successful contractor will provide a contact who will be accessible to the contract monitor to address unforeseen technical issues during off-business hours.

69. **Question:** What is the approximate average number of active users (monthly or any available duration) for the Quality Reports website?

    Answer: Visitor traffic on the Quality Reports website is monitored using Google Analytics software. On a monthly basis, there are approximately 600 users of the consumer site per month. The QMDC portal is currently used by approximately 30 hospitals.

70. **Question:** Can you quantify missing quality measure results from hospitals in approximate percentage of total results?

    Answer: It is difficult to quantify the percentage of missing measure results across all measures for all hospitals. Some measures do not apply to certain providers if the service is not provided on the number of cases do not meet measure count thresholds.

71. **Question:** Does the current contract allow for transition assistance by the incumbent if there is a follow-on Contractor? What is the length of transition time and are efforts comparable to the ones outlined in Section 3.2 of the RFP?

Answer: The MHCC will ensure that assistance is provided to facilitate a smooth transition of operations.

72. **Question:** Are there any on-site work requirement for Contractor staff other than the ones specified in the RFP?

    Answer: No.

73. **Question:** RFP Section 2.3.9, Website Development and Maintenance, pages 10 and 11. The RFP does not provide specific task requirements for the development of the Physician Performance Guide. The price for this subtask is included in Year 2 and in Year 3 in Attachment B, Financial Proposal Instructions & Form, 1st Tab, Financial Table 1, Section 2.3.9, last row, Development of a Physician Performance Guide. While there are generic requirements for development activities in paragraphs G and H on page 11, what specific requirements should be used as the basis for estimating level of effort and other costs for Year 2 and for Year 3 with regard to the Physician Performance Guide?

    Answer: Please use the level of effort and types of costs used to estimate costs for the development of the ambulatory surgery guide as a proxy for development of the Physician Guide. It is anticipated that the Physician project will entail maintenance of the current features of the Physician Information section of Quality Reports as well as new performance measures downloaded from CMS and other sources. The reporting of physician charges for certain services/procedures is also envisioned as a feature of our future price transparency initiative. It is anticipated that analysis of financial/patient claims data will be a critical component of the initiative.

74. **Question:** RFP Section 2.3.8, Data Validation and Medical Record Review, paragraphs B and C, page 10. **E**ach paragraph requires the use of a specific type of reviewer to accomplish the work. Would MHCC consider adding "or other qualified subject matter expert based on the focus of the reviews subject to MHCC approval?" If yes, please make the corresponding change to applicable line items in Attachment B, 2nd Tab, Financial Table 2, Indefinite Quantity Data Validation and Medical Record Review.

    Answer: Alternative qualified subject matter experts may be used for clinical data audits and data quality reviews. AHIMA certified personnel must be used for the reviews of coding accuracy. Certified Infection Preventionists must be used for HAI data quality audits. Physicians and/or RNs with subject matter expertise may be used for audits and data quality review of clinical data and documentation. Also, see response to question 14 from RFP Questions document dated 1/11/19.

75. **Question:** RFP Section 2.3.8, Data Validation and Medical Record Review, paragraph A, page 10 and Section 2.3.10, Ad-Hoc Work Order Requirements, paragraph C.4, page 13. The quantity identified in Section 2.3.8.A is 500 medical record reviews, of which approximately 200 will be HAI records, thereby implying that the other 300 will be clinical records. Section

2.3.10. C.4. specifies that the number of ad-hoc records reviewed on an annual basis shall not exceed 100 clinical records and 100 HAI patient records. Combined this is a total of 700 records (400 clinical and 300 HAI).
The pricing requirements under Attachment B, 2nd Tab, Financial Table 2, Indefinite Quantity Data Validation and Medical Record Review, Task 2.3.8, appears to include both the clinical and ad-hoc records for a total of 400 clinical records and 300 HAI records. The pricing requirements under the 3rd Tab, Financial Table 3, Ad-Hoc Work Orders – Data Analysis Special Studies, is for the pricing of Task 2.3.10. However, in Financial Table 2 the number of Medical Record Reviews for clinical records is 400, and the number for HAI records is 300 which equals the total combined counts in Task 2.3.8 and 2.3.10.

Is it the State's intention that the Medical Record Reviews from the two tasks be priced in Financial Table 2 while the pricing for Financial Table 3 should exclude all of the labor that would be absorbed in the Medical Record Reviews? This appears to be the State's intent because only the project manager and statistician labor categories are common to Financial Tables 2 and 3, for apparently different reasons.

Answer: Yes, that is correct

76. **Question:** RFP Section 2.3.10, Ad-Hoc Work Order Requirements, paragraph C.4, page 13. The effort to prepare an audit plan, findings of an audit, and prepare training materials and conduct training will be greater if the ad-hoc review is performed at a different time or for a different focus than the other reviews. Will the ad-hoc review of additional records always be supplementary to one or both of the larger reviews (i.e., the two audits per year) identified in Financial table 2? If no, please explain how and where to account for the ad-hoc reviews.

    Answer: For bidding purposes, please assume that the Ad-Hoc audit work (2.3.10 C.4) will be performed at a different time and for a different focus. The costs for the auditor positions (to include review of up to 700 records in total) will be captured in the Financial Table 2. For Ad-Hoc audit work that is performed at a different time and for a different focus, please enter staff costs in Financial Table 4. Note that the unshaded cells of labor categories are unlocked and may be revised. Also additional cells have been added to Financial Tables 2 and 4 in the case that additional labor is needed. Refer to Amendment 7 MHCC 19-003 Financial Proposal Spreadsheets – Revised v2**.**

77. **Question:** RFP Section 2.3.10, Ad-hoc Work Order Requirements, states that MHCC may issue Work Orders in the areas described in B through D of this section on an as-needed basis via email to the Project Manager. Each Work Order will include a scope of work containing a description of the project or meeting, as well as the proposed methods to accomplish the work, number and composition of project tasks, assumptions about the number of total hours to complete the effort …. This language implies that each ad-hoc requirement will be for a specific mix of personnel necessary to accomplish the work as well as the estimated hours, which could vary from one assignment to another. However, Attachment B, 3rd Tab, Financial Table 3, Ad-hoc Work Orders – Data Analysis Special Studies, lists specific labor categories and hours for each labor category for each of the six years of the contract. Does this mean (1) that the hours and hourly rates are being used for proposal evaluation purposes

only but that the actual costs could vary, or (2) the total amount that would result from multiplying the hours by the hourly rates for each position may be subject to change based upon need and could result in additional funds being added to the contract after contract award to correspond to a different number of hours for each of the positions, or (3) the total amount for all contract years would be put in a bucket of funds to be used for work under B through D of this section in any of the years of the contract with a limit of such funds to correspond to the Ad-Hoc Work Order Total Contract Price? Please explain.

Answer: Quality measurement and reporting is a dynamic and evolving field. It is difficult to project, with certainty, the healthcare provider performance issues to which the MHCC must respond over the next six years. Therefore, the total amount of funds used in each contract year may be different from the annual estimates included in the successful contractor's bid. All funds allocated for work under B through D may be used in any contract year (option 3).

78. **Question:** RFP Section 3.3.2, Invoice Submission Schedule, paragraphs A and B, page 27. Which of the items specifically in Attachment B are the items which are subject to one-time pricing versus those items that are annual, subject to fixed monthly payments?

    Answer: All items included in Financial Table 1, Fixed Work shall be subject to monthly payments. Data Validation & Medical Record Review and Ad-Hoc Work Orders- Data Analysis Special Studies shall be invoiced upon completion and acceptance of agreed upon tasks/phases of work.

79. **Question:** RFP Section 3.3.2, Invoice Submission Schedule, paragraph B, page 27. All of the items under Attachment B, first tab, are listed with annual amounts. Regardless of when the specific task is performed, will the contractor get paid a fixed monthly amount corresponding to 1/12 for each of the items listed with a total annual amount? (It would seem that this would be appropriate in that while a deliverable might be quarterly, semi-annual, or annual, the performance of the work may be throughout the respective periods of time.)

    Answer: Yes. The allocation of costs for the Fixed Work included on Financial Table 1 shall be reimbursed in fixed monthly amounts corresponding to 1/12 for each of the items listed with a total annual amount.

80. **Question:** RFP Section 3.3.2, Invoice Submission Schedule, paragraph A, page 27. With respect to Attachment B, 2nd Tab, would the payments be allocated in accordance with the work plan approved by the contract monitor? For example, if a specific work plan calls for the audit plan to be developed in month 1, the record review to be completed in months 2-4, the preparation of audit findings to be completed in month 5, and the preparation of training materials and training to be performed in month 6, would the payments be made for each of the activities in the month following their completion based on the costs proposed for each component?

    Answer: Yes

81. **Question:** RFP Section 3.3.1, paragraph E, states the following: The Contractor shall invoice for the per HAI Record or Clinical Record price as established on Financial Table 2 "Indefinite Quantity Data Validation and Medical Record Review" of the Financial Proposal. Does this mean that the total of all clinical record costs will be reimbursed in equal monthly installments in accordance with the work plan to cover all phases of the work plan (i.e., audit plan development, medical record review, preparation of audit findings, preparation of training materials and training)?

    Answer: The MHCC will work with the contractor to develop a reasonable and timely reimbursement timeframe for the data validation work that entails completion of specific phases of the work prior to release of payment for the completed work.

82. **Question:** RFP Section 2.3.11, Other Requirements, paragraph D, page 13. What other DUA's aside from the one with MHCC is anticipated under this contract?

    Answer: At this time, there are no additional DUAs anticipated to fulfill the requirements of this procurement. However, over the life of this contract, there may be new data sources identified that require approval not clearly addressed through our existing DUA document.

83. **Question:** RFP Section 2.3.3, Health Plan Guide, 1st sentence, page 7, and Deliverables Summary Table, ID # 2.3.3 A, page 18. The first sentence of 2.3.3 on page 7 states the task will be done, "on or about September 1st of each year," implying it shall be done annually. Conversely, the Deliverables Summary Table specifies the frequency as "quarterly." Which is correct?

    Answer: The Health Plan Guide is updated annually. The Deliverables Summary Table on page 18, The Health Plan Guide, 2.3.3.A, Due Date/Frequency is incorrect and should reflect an annual update. Refer to Amendment 6 for revision.

84. **Question:** Attachment B, Financial Proposal Spreadsheets-Revised, 2nd Tab, Financial Table 2, Indefinite Quantity Data Validation and Medical Record Review. More labor categories are involved in supporting the reviews than the list provided for in the table, e.g., software engineer, senior data analyst/data manager, etc. The instructions state not to modify the spreadsheet and formulas are locked. How should the costs for other labor categories be covered?

    Answer: Financial Table 2 allows you to revise the suggested labor categories in the non-shaded cells. Table 2 has also been revised to limit the number of records to be reviewed to 300 clinical records and 200 HAI records to remove the Ad-Hoc Data Validation work. To clarify the allocation of costs between the Data Validation and Medical Record Review tasks outlined in section 2.3.8 and the Ad-Hoc Data Validation work outlined in section 2.3.10, C,4, a new Table 4 has been created. The costs for the 100 clinical and 100 HAI records to be reviewed under the Ad-Hoc Work Order Requirements, section 2.3.10 C.4 shall be included in the Financial Table 4. Financial Table 4 also allows you to revise the

suggested labor categories in the non-shaded cells. Refer to Amendment 7 MHCC 19-003 Financial Proposal Spreadsheets – Revised v2

85. **Question:** Attachment B, Financial Proposal Spreadsheets-Revised, 2nd Tab, Financial Table 2, Indefinite Quantity Data Validation and Medical Record Review. Please insert or modify a labor category for Certified Infection Preventionist (CIC) with the additional language "or other clinical personnel with appropriate subject matter expertise" in all 4 components of HAI Medical Record Review (i.e., Audit Plan Development, Medical Record Review-300 HAI Records, Preparation of Audit Findings, Preparation of Training Materials and Training.

    Answer: See response to question #12.

86. **Question:** Questions and Answers dated January 11, 2019, Question # 21. The answer to this question relative to Section 2.3.8, Data Validation and Medical Record Reviews, implies that the financial proposal should not include costs associated with travel in that all reviews will be done at the contractor's office. Is any travel to be estimated for any follow-up interactions related to Data Validation and Medical Record Reviews? If yes, please provide assumptions (e.g., 5 hospitals per audit may require on-site meetings for data quality matters).

    Answer: Yes. Travel to on-site meetings with facilities should be built into the Data Validation and Medical Record Review audits. Travel may be required for follow up activities or special targeted on-site reviews. For the bidding purposes, please include travel to 10 facilities per audit.

87. **Question:** RFP Section 2.3.10, page 13, references activities that are to be conducted at the provider site. What assumptions should be used for pricing estimated travel costs and time associated with visiting nursing homes, hospital outpatient departments, and ambulatory surgery centers?

    Answer: For bidding purposes, please include, 20 off-site visits to Maryland providers (e.g., nursing homes, ambulatory surgery centers, etc.) for meetings, data quality reviews and policy and procedure reviews/audits per audit.

88. **Question:** RFP Section 3.6.1, Paragraph D, Cyber Security/Data Breach Insurance, page 29. The requirement is for …five million dollars ($5,000,000) per occurrence. Please clarify that this is the aggregate amount as well and amend the RFP accordingly.

    Answer: This is a Maryland State requirement, not a MHCC specific requirement. MHCC has been unable to obtain clarifying language that limits the obligation to an annual aggregate amount.

89. **Question:** What manner of post-launch support is required for Tier II-IV support? A live person reachable via phone or will an electronic ticketing system that automatically contacts the appropriate support personnel?

    Answer: An electronic ticketing system that automatically contacts the appropriate support personnel, will suffice.

90. **Question:** Where do we need to store the incremental and other periodic backups? Are we allowed to store these in our own secure Fedramp compliant hosting environments?

    Answer: Yes, you may store incremental and periodic backups in your secure hosting environment.

91. **Question: Section 2.2.1 (page 3, 4) Current Environment:** Will the state provide metrics pertaining to the current traffic received by the sites to allow adequate pricing of necessary bandwidth requirements?

    Answer: Visitor traffic on the Quality Reports website is monitored using Google Analytics software. On a monthly basis, there are approximately 600 users of the consumer site per month and the Commission is focused on promoting the site to increase usage. The QMDC portal is currently used by approximately 47 hospitals.

92. **Question: Section 2.2.4 (page 4) Existing Data/Content Management; Bullet D:** Will the State confirm that the NCDR portal is housed on the same MHCC environment as the LTC Guide and Ambulatory Surgery Centers Guide?

    Answer: The QMDC portal is used to collect quarterly NCDR CathPCI Registry data from hospitals that provide PCI services. The QMDC secure portal is accessible to providers (e.g., hospitals) through the Quality Reports website (see Provider Login tab on lower right hand corner of the Quality Reports Homepage). The portal is hosted on the contractor's server currently and will be hosted by the successful contractor under the SOW of this procurement. In previous years, the QMDC portal has been used to collect certain HAI data from hospitals for auditing purposes and for special studies and analyses. The secure portal will continue to function as the primary vehicle for submission of confidential data to the Commission.

93. **Question:** Section 7 RFP Attachments and Appendices; Instructions (page 70): The instructions on the cover page of Section 7. RFP Attachments and Appendices state that we must submit two originals each of the required forms in each of the original volumes (one original Technical and one original Financial).

    1) Please confirm this is accurate.

    Answer: Yes, this is accurate.

2) Must we also provide two copies of each form in each of the 10 copy volumes (five copies of the Technical and five copies of the Financial), OR is one copy of each form in the 10 copy volumes sufficient?

Answer: No, the two originals are all that is required.

94. **Question: Section 2.2.1 Current Environment; Bullet A, page 3.** The RFP states the QMDC system is hosted and maintained on contractor servers. Will the State provide a detailed description of all servers and software to be transitioned-in to a new contractor from the incumbent contractor (i.e. not MHCC servers) to allow adequate planning and pricing of the initial hosting environment needs? Information that will be helpful includes number of servers, server environment, software running on servers, current storage need. It will also be good to know whether we should expect to receive physical servers, images of servers, and/or assume ownership of existing hosting accounts.

Answer: The incumbent's current environment runs on physical hardware in the incumbent's data center. This hardware runs virtual machines on VMWare, with specific servers provisioned as VMs on this infrastructure. This hardware and system software running on it belongs to the incumbent and is coming to the end of life and therefore cannot be transitioned to the new contractor.

This hardware runs on the incumbent-owned Cisco-powered network, which also cannot be transitioned out.

This system is configured to be fully compliant with NIST 800-53, a standard mandated by the State of Maryland for all of its systems. As such, this system addresses all security controls mandated by this standard. The system runs primarily in the Microsoft environment and includes Active Directory servers, intrusion detection and prevention software, antivirus software, SAS server, database server, web server, file and print server, and other software required to manage the network according to NIST requirements, such as patch management software, log aggregation software, firewalls, DNS filtering software, etc.

All system users are set up as remote users, even if they are located in the same physical building as these servers. As such, these users VPN into the system and then launch a remote virtual machine assigned to them to perform work.

This system operates a web site. This website is developed in ASP.NET (C#) with a SQL Server backend. It has two components: a public component and a private component. Users can login to the internal portion of the application to submit data.

The public site is fully driven by data in the database. Some of the data manipulation is performed by a C# application, while others are done using SAS. The SAS license is owned by the incumbent and cannot be transitioned out. The ASP.NET application can be transitioned out to the new contractor along with the database.

In addition, the incumbent uses a software product called MONAHRQ. This software generates a reporting web site based on the available data that it was designed to handle. This software is open source and is not supported by the original developer any more.

95. **Question:** What is the turn-around time for the reviews? We do not see this referenced in the RFP and this will drive the resource effort required.

    Answer: The turnaround time for each review may vary based on the number of records and facilities reviewed and the scope and complexity of the audit. An audit may take 6 -9 months to include the project planning and design, notice to facilities, data collection, the review of records, and preparation of findings and facility training and communication. The actual audit of records by credentialed staff could extend over a two to four week period, assuming the records have been made available to the contractor, at the contractor's site.

96. **Question:** How does the MHCC define a "medical record"? Will this equate to a single episode of care or a single patient's entire medical record?

    Answer: If depends on the scope of the audit. For example, the review of cases for clinical coding accuracy may entail the review of a single episode of care. HAI reviews will include the collection and review of lab values over an extended period to support the accuracy and appropriateness of a reported HAI case, in accordance with NHSN definitions.

97. **Question:** Will all the medical records be made available electronically and are they in various electronic health record software systems?

    Answer: In most cases, the records will be electronic, but may vary in format based on the software system used by each facility. In rare cases, paper records have been reviewed for MHCC audits.

98. **Question:** How will the medical records be accessed? Are they on a single common platform?

    Answer: To the extent possible, the MHCC will use a single common platform for accessing records for review. The QMDC secure portal has been used for hospital submission of records and supporting documentation for data validation and record review.

99. **Question:** Will MHCC provide a defined data set of requirements for the medical record and HAI reviews?

    Answer: The MHCC will work with the contractor to define requirements for each audit. The MHCC intends to rely on the expertise of the contractor in developing the focus and requirements of each audit.

100. **Question:** Can we get access on the provider portal or the MHCC administrative portal? This seems to be in scope but there is very little detail provided.

Answer: The contractor is responsible for maintaining the website under this scope of work. The website has two components: a public component (Quality Reports) and a private component (QMDC). Users can login to the private component of the application (i.e., the QMDC secure portal) to submit data. The contractor is responsible for maintaining separate environments for production and development/testing work and shall meet all appropriate security requirements. The website application (including QMDC portal) will be made available to the successful Offeror upon award of the contract.